

1124

Write in Ink, with Unfading Ink. This is a Permanent Record.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA TERRITORIAL BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS.				108			
County of <u>Gila</u>				CERTIFICATE OF BIRTH. Ter. Index No. <u>108</u>			
District of _____				Register No. <u>110</u>			
Town of <u>Pine</u>				St.; _____ Ward)			
City of _____ (No. _____)							
FULL NAME OF CHILD <u>Emma Randall</u>				{ Born { Yes			
If child is not named, make Supplemental report on blank obtainable from local registrar.				{ Alive { <input checked="" type="checkbox"/>			
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Oct - 22 - 1909</u>			
				(Month)	(Day)	(Year)	
Full Name <u>FATHER</u> <u>Frank B Randall</u>				Full Maiden Name <u>MOTHER</u> <u>Lucinda Helen Beavitt</u>			
Residence <u>Pine</u>				Residence <u>Pine</u>			
Color or Race <u>White</u>	Age at last Birthday <u>30</u>	(Years)	Color or Race <u>White</u>	Age at last Birthday <u>26</u>	(Years)		
Birthplace <u>Charish Washington Co Utah</u>				Birthplace <u>Presa Maricopa Co Arizona</u>			
Occupation <u>Farming Stock Raising</u>				Occupation _____			
Number of child of this mother. <u>5</u>				Number of children, of this mother, now living. <u>5</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct - 22 - 1909, at 8 P.M

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) _____ (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed Oct 23 1909 Address _____

593-1022-333 COUNTY REGISTRAR Filed Nov 26 1909 LOCAL REGISTRAR B. B. Fox COUNTY REGISTRAR